File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE MY 10 11 17-08

COMMITTEE NAME (Must be same as on Statement of C	Prganization)		o allini,	Ī
IOWA FEDERATION OF ANIMAL OWNERS		FORM DR-2 (Rev. 07/2007) For Office Use Only Comm. #		
IMPORTANT: Indicate by # type of committee you are reporting f (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Candidate (6)City Candidate (8)County PAC (9)City PAC (10)School 1) Local Ballot Issue	al C (
CANDIDATE COMMITTEES ONLY:		=	Comm. # Logged In	1181
Candidate Name	Political Party (if applicable)		Scanned	
			Computer	
Office Sought District (if Senate or House)			Audited	
Late reports are subject to possible civil and criminal penalties.	Pursuant to Iowa Code sections 68B.32/	A(7) and 6	68A.401(3), the cand	lidate, for a
Soulin Hwid	515-989-4551		1-17-09	
SIGNATURE OF PERSON FILING REPORT	<u>515-989-4551</u> Telephone	-	1-/7-08 DATE SIG	NED
_				
(report date)	REPORT FOR (1) ELECTION	/(<u>2)</u> NON	I-ELECTION YEAR	₹.
(report date)	Indicate by	# 2		
CHECK IF AMENDMENT TO REPORT DATED		Local Co	mmittees, enter Date	of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.				
			Local Committees, e	nter County in
			- Color is ricid	
STATEMENT OF CASH ON HA	ON.			
CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	•	4,717.54	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	s instreport med.)	»		
	edula A) /*aloo ooo in kind halaw)		75.00	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)				
Schedule H: Total Sales of Campaign Property (A				
(Schedule H applies to Candidates' Co		••••••		
	SUB-TOTAL	•		
SUBTRACT TOTAL MONEY SPENT THIS PERIO		······································		7
Schedule B: Expenditures total (Attach Schedule				
Schedule F: Loan Repayments total (Attach Schedule F: Loan Repayments total Repayments tota				
CASH ON HAND at the end of this reporting period (if final report balance must be zero)			4,792.54	
*UNPAID BILLS (From Schedule D - Attach Schedule D)				
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch				
*OUTSTANDING LOANS (From Schedule F - Attach Sched	Iule F)	\$		
CONSULTANT BREAKDOWN (Schedule G Attached?)			YESN)
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A		\$		
TATE COMMITTEES: Submit a reconciled campaign acco	ount bank statement in January of each	h year.		

For Instructions, See Back of Form

Reset Form	

SCHEDULE

MONETARY

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) IOWA FEDERATION OF ANIMAL OWNERS		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND- RAISEI
7/27/2007	ID# CK#	LOUANN HURD 5465 170th AVE.		\$75.00	INCOM
	ID#	CARLISLE, IOWA 50047			
	CK#				<u> </u>
	ID#				
	CK#				
	ID#				<u> </u>
	CK#				L
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	ID# CK#				
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	СК#				
	ID#				
	CK#				
	ID#				T
	CK#				

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of 1 (for Schedule A) FOR INSTRUCTIONS, SEE BACK OF FORM

Rese	t	F	ori	m	
16.16.16.1					

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF				

COMMITTEE NAME (Must be same as on Statement of Organization)
IOWA FEDERATION OF ANIMAL OWNERS

	CAMPIDATE			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
2007	CK#			\$ 00.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#	•		
	ID#			
	СК#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 00.00

THIS BOX A	PPLIES TO	CANDIDA	TES' COMMITTEE	S ONL V

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of	